

# Oral piercings: risks, complications, and health implications: a narrative review

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## Abstract

Body piercings, particularly those performed in the oral cavity, have become increasingly popular due to their aesthetic appeal and cultural significance. While oral piercings, including those on the tongue, lips, and other intraoral sites, are often considered safe, they are associated with a range of potential complications. These can be categorized into local and systemic complications, with short-term and long-term consequences for oral and general health. Local complications may include immediate issues such as bleeding, swelling, mucosal damage, and taste alterations, often resulting from poor procedural technique or inadequate post-operative care. Long-term complications, such as gingival recession, enamel fractures, and dental mobility, have been linked to continuous trauma from the piercing jewelry, particularly in the case of tongue piercings. Additionally, systemic complications, including bacterial infections that can lead



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**to conditions like endocarditis and septic arthritis, have been reported, especially in individuals with predisposing medical conditions. The risks of allergic reactions, including nickel hypersensitivity and the transmission of bloodborne infections in non-sterile environments, further exacerbate the potential harm associated with oral piercings. This review aims to comprehensively analyze the available literature regarding the complications of oral piercings, emphasizing the importance of proper hygiene, post-procedural care, and informed decision-making. Dental professionals play a crucial role in educating patients about these risks to mitigate adverse outcomes and enhance the overall safety of oral piercing procedures.**

**Keywords: Oral piercings, Body modification, bacterial infections, Dental complications, Systemic risks, Gingival recession, Enamel fractures, Post-operative care, Metal allergies, Bloodborne infections.**

## **Introduction**

Body art encompasses practices that use the human body as a means of expression and communication. Among the most widespread forms of this artistic movement, tattoos and piercings stand out, with particular attention to the latter, which represents a form of body modification consisting of the perforation of various tissues, such as cutaneous, subcutaneous, and cartilaginous, to insert a decorative jewel (1–17). This practice dates back to ancient civilizations, where it held symbolic and ritual significance. For example, in Egypt, depictions of animals with piercings dating back to 1500 BC have been discovered, while some male mummies exhibited pierced nipples as a sign of royal power (18–41). In ancient Rome, adolescents were subjected to the insertion of a ring on the prepuce to reduce sexual arousal. During the 20th century, particularly between the 1970s and 1980s, tattoos and piercings lost their religious connotation and became symbols of rebellion and transgression (42–56). During this period, it was widely believed that individuals with piercings and tattoos were more prone to deviant behaviors, such as drug and alcohol abuse and aggressive tendencies. This perception was partly linked to the Punk movement, whose followers frequently exhibited numerous piercings and tattoos as a form of social dissent (57–78). Over time, this stereotype has been overcome, and today, piercing is regarded as a legitimate art form. Various body parts can be adorned with jewelry for aesthetic purposes and self-expression. Among the different types of piercings, those performed in the oral cavity have gained popularity, with the tongue and lips being the most frequently perforated areas. Lip piercings are commonly located laterally on the lower lip or at the center of the Cupid's bow, while tongue piercings can be placed in the dorsoventral or dorsolateral position (79–105). The first placement is considered safer and allows for faster healing, typically within 4 to 6 weeks, due to the continuous movements of the

tongue. Other areas of the mouth where piercings can be applied include the cheeks, frenulum, and uvula (106–128). According to Escudero-Castaño et al., four main types of oral piercings exist: the “barbell,” the “labret” (consisting of a metallic bar with spherical or other geometric extremities), the open ring with one or two terminal spheres, and a variant where a strong magnetic force holds together two metallic elements. Piercing insertion should be considered a proper surgical procedure, even though local anesthesia is not required. It must be performed under appropriate hygienic conditions by adequately trained personnel (129–145). Despite the use of non-toxic and hypoallergenic metals such as titanium, gold, silver, and surgical steel, many piercers are not fully aware of sterilization procedures and the anatomy of the oral cavity, exposing patients to potential complications (5,33,50,54,63,73,84,136,137,140,142,143,146–167). Additionally, both piercers and piercing wearers often lack knowledge regarding proper post-operative care and the potential local and systemic risks associated with the procedure. In 1992, Scully and Chen were among the first researchers to examine issues related to oral piercings (162,168–187). Since then, the prevalence of this practice has increased exponentially, prompting numerous scholars to investigate its health implications. This review analyzes the complications reported in the literature concerning oral piercings, providing a comprehensive overview of the scientific findings. This could contribute to raising public awareness about the associated risks and fostering the implementation of effective preventive measures, a particularly relevant aspect for dentists and healthcare professionals, who are often required to treat patients unaware of the impact of their piercing on oral health (188–214).

## **Results**

A total of 501 articles were retrieved using the keywords “oral piercing” and “complication” across three significant databases: PubMed (263 articles), Scopus (139 articles), and Web of Science (99 articles). After removing 174 duplicate entries, 327 unique articles remained. During the subsequent screening phase, two independent reviewers (C.P. and R.S.) assessed the titles and abstracts, excluding 261 articles that either did not meet the research criteria or were not available in open access. This led to the inclusion of 77 articles in the eligibility phase. Following a full-text review, 9 non-English articles, 32 review papers, and 15 unrelated studies were excluded. Ultimately, 10 studies met the inclusion criteria and were included in this review. The selected articles were analyzed and compared in detail.

## **Discussion**

Although oral piercings have become widespread, accurate global prevalence statistics remain scarce. While numerous studies have attempted to estimate the occurrence of oral piercings, the reported rates vary significantly based on geographic location, cultural practices, and socioeconomic factors (156,161,215–239). For example, a study on college students found

that 10.4% of respondents had a tongue piercing. At the same time, a German registry of individuals with head and neck piercings revealed that 33.7% had tongue piercings. In contrast, studies on individuals with congenital heart disease indicated that while ear piercings were common (43%), intraoral piercings were rarely reported (156,215–227).

A primary concern associated with oral piercings is the risk of bacterial infections. Although the exact infection rate remains unclear, studies consistently show an association between tongue piercings and oral bacterial colonization (161,229–239). Consequently, many dental associations discourage the practice due to the potential for both localized and systemic complications. It is particularly concerning that patients often remain unaware of these risks, underscoring the vital role of dental professionals in educating individuals about proper care and the early detection of complications (155,157,240–255).

### *Local Complications*

Oral piercings can lead to both immediate post-operative complications and long-term issues. A retrospective study involving 108 individuals with oral piercings reported that 96% experienced complications. Common early complications included localized bleeding (90%), edema lasting up to three days (80%), mucosal atrophy (70%), and erythema of the palatal mucosa (15%). Other complications included dentinal hypersensitivity (15%) and alterations in taste or numbness resulting from nerve compression or injury (160,256–269).

Long-term complications of oral piercings include enamel fractures, gingival recession, and increased tooth mobility. Studies have demonstrated a significant correlation between tongue piercings and structural dental damage. Habits such as biting or rolling the piercing against the teeth contribute to these issues (163,270–281). Regarding materials used for piercings, titanium has been associated with gingival recession in 52.9% of cases and chipped teeth in 35.7%. At the same time, Teflon-based jewelry was linked to lower rates of such damage.

Furthermore, the presence of a foreign object in the oral cavity can alter the salivary composition (154,159,282–293). A study found that individuals with tongue or lip piercings exhibited higher lysozyme levels, a more alkaline pH, and altered immune responses. Poor oral hygiene exacerbates these risks, as bacterial plaque and tartar accumulation can lead to infections, pain, and halitosis. Studies suggest that plastic piercings harbor fewer bacteria than stainless steel ones and that larger jewelry sizes correlate with increased bacterial colonization (294–313).

### *Systemic Complications*

In addition to local complications, oral piercings pose systemic health risks (4,5,8,25,30,36,40,45,57,63,83,93,95,96,98,155,175,176,181,186,187,194,197,206,212,240,242,255,263,278,309,311,314–323). Pathogenic oral bacteria can enter the bloodstream, potentially leading to severe conditions such as endocarditis, Ludwig's angina, toxic shock syndrome, and septic arthritis (215,324,325). The risk of transmission

of bloodborne infections, including hepatitis B, C, and D, as well as HIV, is heightened in non-sterile environments. Case reports have documented severe complications, including fulminant hepatitis following piercing placement in an immunocompromised patient (158,319,326–338).

Another concern is metal allergies, particularly nickel hypersensitivity (32,88,173,235,277,339–363). Studies indicate that individuals with piercings are at higher risk for developing allergic reactions, with some cases linking oral piercings to neurological complications such as paresthesia, altered taste perception, and even vascular issues, including hemorrhage due to accidental vessel injury (164,317,364–374).

## **Conclusion**

Although body piercing has been a widely practiced procedure since ancient times, current knowledge regarding the potential complications that patients may experience—both in the short and long term—remains limited. As indicated by the studies reviewed, complications frequently arise during the piercing insertion phase, often due to insufficient anatomical knowledge, inadequate hygiene practices by the piercer, and errors during the procedure. However, the primary concern is the lack of proper post-procedural guidance provided to patients regarding the maintenance and home hygiene of the piercing.

Inadequate aftercare can lead to plaque accumulation and the colonization of potentially pathogenic microorganisms, resulting in local inflammation. If the inflammatory response is not addressed promptly and the infection spreads systemically, it can lead to severe complications that, in rare cases, may be life-threatening. The reviewed literature suggests that systemic complications are uncommon and typically occur in individuals with predisposing medical conditions that increase the risk of severe infections.

In addition to these risks, a piercing in the oral cavity can cause chronic trauma to the gums, resulting in gum recession and damage to the dental hard tissues. These injuries, often irreversible, can permanently damage the teeth and surrounding structures, resulting in both aesthetic and functional concerns. Furthermore, an oral piercing can impede proper oral hygiene, increasing the likelihood of dental caries and other oral infections. Patients with systemic diseases, such as autoimmune disorders or cardiovascular conditions, are generally advised against undergoing piercing procedures due to their heightened susceptibility to complications. On the other hand, young and healthy individuals are at relatively lower risk for complications, provided they follow proper hygiene practices.

The prevention of piercing-related complications largely depends on patient education and informed decision-making. Before undergoing the procedure, patients must receive clear and accurate instructions regarding the required post-procedural care. Proper hygiene and maintenance of the piercing are essential to minimizing the risk of infection and other complications. Unfortunately, many patients underestimate the importance of these practices, which increases their

likelihood of encountering problems.

In conclusion, adequate patient education regarding the care and maintenance of piercings is crucial in preventing local and systemic complications. Ensuring that patients are well-informed and understand the necessary hygiene practices can significantly reduce the risk of adverse outcomes and enhance the overall safety and success of the piercing procedure.

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